



2025-26 Carolina IceZone Jr. Pirate Youth Hockey League

The Carolina IceZone Youth/Teen Hockey League offers a chance for new and experienced players to increase their skills in a positive environment that promotes good sportsmanship and having **FUN!**

Season begins on Tuesday, September 30th and ends on approximately Thursday, March 5th. **All players** will have approximately 40 regular on-ice team practices/games/scrimmages/development sessions. Exact days/times will be available for each team once registration is complete.

Tentative age divisions for the 2025-26 season (may adjust based on enrollment and player skill level, age groups may be combined, if necessary):

U6/U8 Mites Program – Practices and Games/Scrimmages to be held on Tuesday and Saturday and an occasional Thursday or Sunday plus 2-5 jamboree weekends. *Birth Years 2020, 2019, 2018, 2017. Must commit to full season.*

U10/ U12 /U14/U16 - Practices and Games to be held on Tuesday and Thursday and an occasional Saturday. *Birth years 2016, 2015, 2014, 2013, 2012, 2011, 2010, 2009. Must commit to full season.*

Payment Information:

\$900*/Player if paid in full by 9/14/24

\$950/player if paid after 9/14/24 or if paying by installments

*Jersey Fee of \$100 – new players only OR returning players wanting new jerseys (2 jerseys plus one pair of hockey socks)

Payment Plan Option – \$475 (\$575 if ordering jerseys) due by 9/14/24 and \$475 due 11/1/24

***USA Hockey Membership required and confirmation number must be submitted with registration – No**

Exceptions! Register at – www.usahockey.com then click on “Become A Member” - An Annual Requirement

***Jersey Fee Separate**

PLAYER Date of Birth: _____

USA Hockey # (required) _____

Shoots: R L Preferred Position _____

Player Name: _____

Parent/Guardian #1 Name: _____

Phone: _____ Email: _____

Parent/Guardian #2 Name: _____

Phone: _____ Email: _____

Last Team Played for _____

_____ My child would like to be considered for a Select Travel Team if enough players are interested at his/her level and I understand this would be an additional cost. This does not commit me, just shows I may be interested.

_____ **WEARING Jerseys from last season - #** _____

_____ **NEED NEW Jerseys** Jersey Size - YS YM YL YXL AS AM AL - Size Up for a baggy fit!

Jersey # - Choice 1 _____ Choice 2 _____ Choice 3 _____

*numbers will be assigned based on program seniority if 2 players are requesting the same number

Sock Size – Circle One: 16" 20" 24" 28" 32" *sock sizing – Measure your player's leg from 4" above the knee to the ankle

I, the undersigned parent/guardian of the above named registrant, hereby give my approval for his/her participation in any Carolina Ice Zone Youth Hockey or other activities. I assume all the risks, hazards, and incidental expenses for such participation, including transportation to and from activities. I hereby waive, release, absolve, indemnify, and agree to hold harmless Carolina Ice Zone, directors, league officers, supervisors, officials, and coaches to any injury to my son/daughter whether the result of negligence or any other cause. In the event that one parent executes this agreement, the signer acknowledges that he/she is also acting as agent of the other parent with authority to enroll the child in this program and to execute this agreement on his/her behalf. All leagues are subject to adjustment based on enrollment and skill.

Parent Signature: _____ Date: _____

Office Only: Rink Credit Applied _____ Payment 1 _____ date _____ Payment 2 _____ date _____